

Appendix 2 (as supplied by the authors):

Post-Fire Post-Follow-up Questionnaire

Name of Participant _____

Name of Interviewer: _____

DATE INTERVIEW COMPLETED: _____

FOLLOW-UP COMPLETED:

- On line
- By mail
- By telephone
- Face to face (please specify where: _____)

If by telephone or face-to-face,

TIME INTERVIEW STARTED: _____

TIME INTERVIEW ENDED: _____

Thank you for agreeing to share your experiences during and after the fire in the Fort McMurray Wood Buffalo area. This interview should only take between 5 and 10 minutes.

Part 2

This section is about events around the time of the fires in Fort McMurray, starting on May 2nd

6.1 Can you confirm that you were living or employed in the Fort McMurray/Wood Buffalo area in the time leading up to the fire?

Yes No

If no, go to Part 3

If yes,

6.1.2 Were you actually in the Fort McMurray/Wood Buffalo area on Monday May 2nd?

Yes No

If no, go to question 7.1

If yes,

6.2 Were you working or on days off on May 2nd?

Working Days off Other, namely _____

6.3 Were you living in a work camp on May 2nd?

Yes No

6.4 Were you evacuated from the Fort McMurray/Wood Buffalo area during the period of May 2nd- 5th?

- Evacuated from Fort McMurray/Wood Buffalo
- Evacuated from a work camp due to smoke or fire precautions
- Evacuated from a work camp due to site shut down
- Not evacuated

If you were evacuated, go to question 6.4.3

If you were not evacuated,

6.4.1 Where were you living on those days?

(Town)

(Province)

6.4.2 If **Fort McMurray/Wood Buffalo**, please explain (e.g. emergency worker, living in camp used as an evacuation centre etc...)

If you were evacuated,

6.4.3 Where did you go immediately after the fire:

North to (specify town/work camp) _____

South to (specify town/work camp) _____

6.4.4 Where did you sleep during the first couple days (choose all that apply)?

Vehicle

Trailer/RV

Reception centre

Motel/Hotel

Work camp accepting evacuees

With family or friends

Own home (outside of Fort McMurray/the evacuated areas of Wood Buffalo)

Emergency settlement with people you did not know previously

Emergency settlement in a house/apartment that you had to yourselves

Other, namely _____

6.5 During or immediately after the fire, did you experience any health problems caused or made worse by the fire?

Yes No

If no, go to question 7.1

If yes,

6.5.1 Please describe

6.5.2 Was this a new condition or an existing one made worse?

New condition Existing one made worse

If this was a new condition, go to question 6.5.2.1

If this was an existing condition, go to 6.5.2.2

6.5.2.1 Does this condition bother you now?

Yes No

6.5.2.2 Is this condition worse now than it was before the fire?

Yes No

6.5.3 Did you see a physician for this?

Yes No

If no, go to question 7.1

If yes,

6.5.3.1 When was the first time you saw a physician for this **since the fire started (since May 2nd, 2016)?**

_____Day_____Month_____Year

6.5.3.2 Where did you seek medical advice (report all that apply)?

- Emergency department off-site
- Walk-in clinic
- Family physician office
- Admitted to hospital
- Other, please specify: _____

Part 3

This section is about your life now

Accommodation and Employment

7.1 Where are you living now?

(Town) (Province)

7.2 Are you now in the same accommodation as immediately prior to the fire?

Yes No

7.3 Are you now living in:

- A work camp
- A motel/hotel
- A trailer/RV
- With family or friends
- Own house or condo (live by self or with family)
- House (rent a portion of / shared)
- Temporary settlement in a house or apartment
- Other, namely _____

7.4 Was your neighbourhood in Fort McMurray/Wood Buffalo badly damaged during the fire?

Yes No Don't know yet

Had no accommodation in Fort McMurray/Wood Buffalo

7.5 Was your home in Fort McMurray badly damaged during the fire?

Yes No Don't yet know

No home in Fort McMurray/Wood Buffalo

7.6 Did you suffer financial loss from property damage (home, vehicle, etc...) during the fire?

Yes No Don't know yet

If no, go to question 7.7

If yes,

7.6.1 Please estimate how much loss from property damage (excluding any sum you received from insurance, provincial funding etc...)

\$ _____

Employment

7.7 Have you held any paid work since the fire?

Yes No

If no, go to question 7.8

If yes,

7.7.1 Was this with the same employer as at the time of the fire?

Yes No Not working at the time of the fire

7.7.2 When did you first get back to work?

_____ day _____ month _____ year

7.7.3 Please give details of each job you have held since the fire in the grid below

Type of job (what did/do you do)	Type of industry	Location (town, province or country)	Date started	Date left (or "still there")

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7.7.4 Since May 1st have you had any injuries caused by work?

(this includes minor injuries or injuries that were not reported such as cuts, abrasions, painful strains or sprains)

Yes No

If no, go to 7.8

If yes:

7.7.5 When was this injury? _____ month _____ year

7.7.6 Please tell us what happened? _____

7.7.7 Was this injury reported to the WCB? Yes No

7.8 Have you suffered financial loss through less work/no work since the time of the fire?

Yes No

If no, go to question 8.3

If yes,

7.8.1 Please estimate how much loss you have suffered through working less since the fire:

\$ _____

8.3 We would like to ask you about how you have been feeling during the last week. Please check the box alongside the reply that is closest to how you have been feeling in the past week.

Don't take too long to think over your replies; your immediate answer is best.

<p>I feel tense or 'wound up':</p> <p><input type="checkbox"/> Most of the time</p> <p><input type="checkbox"/> A lot of the time</p> <p><input type="checkbox"/> From time to time, occasionally</p> <p><input type="checkbox"/> Not at all</p>	<p>I feel as if I am slowed down:</p> <p><input type="checkbox"/> Nearly all the time</p> <p><input type="checkbox"/> Very often</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Not at all</p>
<p>I still enjoy the things I used to enjoy:</p> <p><input type="checkbox"/> Definitely as much</p> <p><input type="checkbox"/> Not quite so much</p> <p><input type="checkbox"/> Only a little</p> <p><input type="checkbox"/> Hardly at all</p>	<p>I get a sort of frightened feeling like 'butterflies' in the stomach:</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Occasionally</p> <p><input type="checkbox"/> Quite often</p> <p><input type="checkbox"/> Very often</p>
<p>I get a sort of frightened feeling as if something awful is about to happen:</p> <p><input type="checkbox"/> Very definitely and quite badly</p> <p><input type="checkbox"/> Yes, but not too badly</p> <p><input type="checkbox"/> A little, but it doesn't worry me</p> <p><input type="checkbox"/> Not at all</p>	<p>I have lost interest in my appearance:</p> <p><input type="checkbox"/> Definitely</p> <p><input type="checkbox"/> I don't take quite as much care as I should</p> <p><input type="checkbox"/> I may not take quite as much care</p> <p><input type="checkbox"/> I take just as much care as ever</p>
<p>I can laugh and see the funny side of things:</p> <p><input type="checkbox"/> As much as I always could</p> <p><input type="checkbox"/> Not quite so much now</p> <p><input type="checkbox"/> Definitely not so much now</p> <p><input type="checkbox"/> Not at all</p>	<p>I feel restless as if I have to be on the move:</p> <p><input type="checkbox"/> Very much indeed</p> <p><input type="checkbox"/> Quite a lot</p> <p><input type="checkbox"/> Not very much</p> <p><input type="checkbox"/> Not at all</p>
<p>Worrying thoughts go through my mind:</p> <p><input type="checkbox"/> A great deal of the time</p> <p><input type="checkbox"/> A lot of the time</p> <p><input type="checkbox"/> Not too often</p> <p><input type="checkbox"/> Very little</p>	<p>I look forward with enjoyment to things:</p> <p><input type="checkbox"/> As much as I ever did</p> <p><input type="checkbox"/> Rather less than I used to</p> <p><input type="checkbox"/> Definitely less than I used to</p> <p><input type="checkbox"/> Hardly at all</p>

<p>I feel cheerful:</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Not often</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Most of the time</p>	<p>I get sudden feelings of panic:</p> <p><input type="checkbox"/> Very often indeed</p> <p><input type="checkbox"/> Quite often</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> Not at all</p>
<p>I can sit at ease and feel relaxed:</p> <p><input type="checkbox"/> Definitely</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Not often</p> <p><input type="checkbox"/> Not at all</p>	<p>I can enjoy a good book or radio or TV program:</p> <p><input type="checkbox"/> Often</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Not often</p> <p><input type="checkbox"/> Very seldom</p>

Experiences with the fire

9.3 Would you choose to go back to work in Fort McMurray?

Yes No Currently working in Fort McMurray

If no, Why not? _____

9.4 Do you hope to go back to Fort McMurray to live?

Yes No Currently living in Fort McMurray

If no, Why not _____

9.5 Is there anything else you would like to tell us about the way the fire has affected your life?
